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**SUPPLEMENTAL Application Data Sheet**

**Application Information**

Application number:: 10/087,882  
Filing Date:: 03/01/02  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: ANTIBODIES AGAINST HUMAN HERPES VIRUS-6(HHV-6) AND METHOD OF USE  
Attorney Docket Number:: 015280-212210US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Syed  
Middle Name:: Zaki  
Family Name:: Salahuddin  
Name Suffix::  
City of Residence:: Ventura  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3171 Breaker Drive  
City of Mailing Address:: Ventura  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 93003

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dharam  
Middle Name:: V.  
Family Name:: Ablashi  
Name Suffix::  
City of Residence:: Olney  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 4117 Barnsley Lane  
City of Mailing Address:: Olney  
State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 20832

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Steven  
Middle Name:: F.  
Family Name:: Josephs  
Name Suffix::  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 12919 Brome Way  
City of Mailing Address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 92129

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Carl  
Middle Name:: W.  
Family Name:: Saxinger  
Name Suffix::  
City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US

Street of Mailing Address:: 6814 Renita Lane  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 20817

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Flossie  
Middle Name::  
Family Name:: Wong-Staal  
Name Suffix::  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 14090 Caminito Vistana  
City of Mailing Address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 92130

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: C.  
Family Name:: Gallo  
Name Suffix::

City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 9100 Aldershot Drive  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 20817

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::  
This Application Reissue of

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::